

AGREEMENT FOR CONTINUED SERVICE IN
THE CENTRAL INTELLIGENCE AGENCY

The sole authority for the allowance to be paid pursuant to the agreement that follows is the Federal Physicians Comparability Allowance Act of 1978 (5 U.S.C. 5948).

1. In consideration for a Physicians' Comparability Allowance (PCA) to be paid to me bi-weekly at an annual full-time rate of \$7,000.00, I hereby agree to serve as a physician with the Central Intelligence Agency during the term of this agreement, unless I am separated pursuant to Section 102(c) of the National Security Act of 1947, as amended (50 U.S.C. 403(c)).
2. I understand that I will not be eligible for any payment under this agreement whenever I am required to work less than 20 hours per week or on an intermittent (non-regularly scheduled) basis. I further understand that for work performed on a part-time regularly scheduled basis of at least 20 hours per week but less than 40 hours per week, my PCA will be prorated according to the proportion of my work schedule to full-time employment.
3. If I voluntarily separate from the Agency or if I am separated because of improper behavior on my part before completing one year of service pursuant to this agreement, I agree to repay the Agency all of the PCA I have received unless the Deputy Director for Administration determines that repayment shall be waived. Furthermore, if I have agreed to continue serving as an Agency physician for a period of two years, and I voluntarily separate from the Agency, or I am separated because of improper behavior on my part, after completing one year of service but before completing the full two years, I agree to repay the Agency the PCA I have received for the 26 weeks immediately preceding the date of that separation.
4. I understand that any amounts which may be due the Agency as a result of my failure to complete the terms of this agreement may be withheld from any monies owed me by the Government or may be recovered by such other methods as are provided by law.

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1. In consideration for my being paid, on a bi-weekly basis, a Physicians' Comparability Allowance (PCA) for my term of service as a physician with the Central Intelligence Agency, at an annual full-time rate of \$10,000, I hereby agree to serve as a physician with the Agency from 19 Sep 81 to 30 Sep 83, unless I am transferred within the Agency to a position ineligible for PCA payments or my Agency employment is terminated pursuant to section 102(c) of the National Security Act of 1947, as amended (50 U.S.C. 403(c)), and I hereby accept all other obligations contained in this agreement.

2. I understand that I will not be eligible for any payment under this agreement whenever I am required to work less than 20 hours per week or on an intermittent (nonregularly scheduled) basis. I further understand that for work performed on a part-time regularly scheduled basis of at least 20 hours per week, but less than 40 hours per week, my PCA will be prorated according to the proportion of my work schedule to full-time employment.

3. If I fail to complete one year of service as an Agency physician, either voluntarily or because my Agency employment has been terminated due to inappropriate behavior on my part, I hereby agree to repay the Agency all of the PCA I have received unless the Deputy Director for Administration determines that repayment shall be waived. Furthermore, if I have agreed to serve as an Agency physician for a period of more than one year and I complete one year of service, but fail to complete the remaining period of service either voluntarily or because my Agency employment has been terminated due to inappropriate behavior on my part, I hereby agree to repay the Agency the PCA I have received for the 26 weeks immediately preceding the date my service with the Agency as a physician ceased.

4. I understand and hereby agree that any amounts which may be due the Agency as a result of my failure to fulfill my obligations under this agreement may be withheld from any monies owed me by the Government or may be recovered by such other methods as are provided by law.

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3. If I fail to complete one year of service as an Agency physician, either voluntarily or because my Agency employment has been terminated due to inappropriate behavior on my part, I hereby agree to repay the Agency all of the PCA I have received unless the Deputy Director for Administration determines that repayment shall be waived. Furthermore, if I have agreed to serve as an Agency physician for a period of more than one year and I complete one year of service, but fail to complete the remaining period of service either voluntarily or because my Agency employment has been terminated due to inappropriate behavior on my part, I hereby agree to repay the Agency the PCA I have received for the 26 weeks immediately preceding the date my service with the Agency as a physician ceased.

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